mucous membrane ulcerated. Here no attempt at anchylosis had been made, as the patient died very soon after the luxation occurred; the point where the head of the femur rested upon the dorsum ilii is marked by a different shade of colour from the rest of the bone.

As I am upon the subject, I would wish to make one remark upon an operation which was practiced many years since by the late Mr. Hewson of this city, and which has been recently revived—I allude to excision of the head of the femur in certain cases of morbus coxæ in its advanced stage. Now, this operation, I presume, would not be undertaken unless dislocation of the head of the femur had taken place, and as this appears to be rare, the cases must be few in which it could be called for. In addition, before luxation of the head of the femur can occur, the acetabulum must be implicated in the disease as much as the femur. I cannot understand, therefore, what great benefit can be expected to result from the operation unless the whole of the carious bone can be removed, which is out of the question. I can understand, indeed, that if the head of the bone becomes detatched by the caries, its removal as a foreign body may be required; or that the incision down to the diseased bone in the operation, by allowing a more ready outlet to the matter, may relieve the constitutional irritation, and dispose the parts to recover themselves; the latter end could, however, be accomplished by milder measures; and notwithstanding the high authority under which this operation has been reintroduced, it is one which it is obvious can be very seldom necessary, and from which the benefit to be expected must at best be doubtful.

Dr. Henry Kennedy, referring to the employment of mercury in this disease, observed, that it was a mistake to suppose it was universally attended with success, for it was well established that cases were met with in which it did not exactly answer. Two or three such instances had fallen under his own notice. In one of them the disease proceeded in its course though the patient was brought under the full influence of mercury; and in the other, after a temporary improvement, a relapse occurred at the end of a week, and the disease then went on as in the former instance.—*Dublin Medical Press*, May 30, 1849.

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42. *Syphilitic Tubercles on the Larynx—Tracheotomy—Cure.* By M. Ricord.—A man, thirty-three years of age, was admitted, on the 5th of June, 1849, into the Hôpital du Midi, with tertiary syphilitic symptoms. His left shoulder and arm were affected with a tubercular eruption, and the scrotum presented the same condylomatous aspect. There was, besides, great dyspnœa and loss of voice. These symptoms were referred to an indurated urethral chancre, contracted in 1838, for which no mercurial treatment had been used. M. Ricord diagnosed syphilitic tubercles in the larynx, similar to those appearing on the shoulder and scrotum, resting his diagnosis on the following reasons: The tubercles had existed these four years, and the hoarseness and dyspnœa three and a half, though the latter had become aggravated only two months ago. No member of the patient's family, either living or dead, had ever had any symptoms of consumption, and the examination of the chest (very imperfect, from the noisy breathing) presented only a very slight dullness under the left clavicle. The man was put on the usual treatment of tertiary symptoms—viz., on iodide of potassium; and it was hoped that the well-known and rapid effects of this salt on tertiary syphilis would obviate the necessity of tracheotomy. But the very next day after admission, the patient was seized, towards the evening, with such fearful fits of dyspnœa, that he walked about the gardens and yards the whole night, gasping for breath. At 7 o'clock in the morning, when M. Ricord began his visit, it was evident that no resource but tracheotomy was left; and though the eminent surgeon was ill of cholerine, and his pupils were entreating him to allow one of his colleagues to act in his stead, he made preparations to operate at once. The patient could hardly draw his breath when he was brought in; and scarcely had M. Ricord begun his incision, when the subject was perceived to be a corpse. This was an awful moment, and the bystanders thought all was over with the poor man, when M. Ricord rapidly cut away four rings of the trachea from the cricoid cartilage downwards; and

setting aside every feeling of repugnance, he applied his mouth to the aperture, rendered very repulsive by a recent blister, drew with his breath the blood and pus which were obturating the trachea, and replaced these obstructing fluids by a vigorous insufflation of air into the patient's lungs. This being repeated rapidly fifteen or twenty times, restored life to a corpse which revived amidst the deafening applause of a numerous concourse of pupils. Thoughtless of his besmeared face, and mouth impregnated with purulent matter, the skillful and generous surgeon would not think of himself until he was quite sure that his patient was beyond the danger of suffocation.

Those who witnessed this scene will hardly ever forget the prompt and truly philanthropic conduct of M. Ricord. The tracheal aperture was kept open by curved forceps, fixed by bands passing under the axilla; and the patient was put upon emollient fumigations and iodide of potassium. On the 9th, he could take broth, had no fever, and spoke. On the 11th, he smoked a pipe by stealth, spoke, and breathed somewhat through the nose: M. Ricord replaced the forceps by a canula. On the 14th, every one was astonished to witness the extraordinary effects of the iodide; the patient laid the canula aside, put on his cravat, and breathed easily through the nose. On the 22d he spoke and breathed with ease. The eventual cure was now no longer doubtful, and the patient was ordered to go on with the same treatment.—*L'Union Médicale.*

43. *Traumatic Tetanus treated by Chloroform.*—Dr. Samuel G. Wilmot relates, in the *Dublin Medical Press* (July 18, 1849), a case of acute traumatic tetanus in a boy 12 years of age, treated by chloroform. Its administration always afforded a temporary suspension of the spasms, but without the least permanent abatement of the disease, which terminated fatally.

44. *Case of Suffocation from the Closure of the Glottis by a Piece of Meat.* By R. P. Cotton, M. D.—A maid-servant, aged 23, in the family of a well-known surgeon at Kensington, was waiting at dinner, and after removing one of the dishes, ran hastily into the kitchen, in a state of extreme distress, which she was unable to explain otherwise than by pointing to her throat: in a few moments she fell upon the floor struggling violently, and in another minute was dead.

An opening was made with all possible expedition through the crico-thyroid membrane, but the moment when this might have saved, her life had unhappily fled. All was conjecture as to the cause of this painful event: the throat was examined without leading to an explanation; on looking into the mouth nothing but a large amount of saliva and mucus could be seen; and, although there was a suspicion of the real history of the case, nothing could decide it prior to the *post-mortem* examination.

On the following day, by an order from the coroner, I proceeded to examine the body, when the following appearances presented themselves:—

The face and neck were much congested, and of various shades of blue and purple, and the superficial veins generally distended with very dark blood, whilst the intervening skin was pale and flaccid.

Both the abdominal and thoracic cavities were in a healthy condition, but the organs within them greatly engorged with a dark fluid blood.

On removing the larynx with the neighbouring parts, a piece of meat, weighing about six drachms, was found firmly wedged in between the alæ of the thyroid cartilage, pressing the epiglottis downwards, and the arytenoids forwards, so as completely to close the opening of the glottis; the former was somewhat twisted upon itself, in such a way that, whilst one of its lateral margins was pushed downwards upon the posterior surface of the latter, the other was turned upwards, as if from a violent expiratory act, taking place probably as a last effort. The morsel was so firmly pressed forward beneath the base of the tongue, that had the mouth been opened during the struggles of the patient, it would certainly have escaped notice; and a probang passed down the œsophagus might easily have slipped over it unobserved. The piece of meat was of a triangular shape, and placed with the apex forwards, the base of the triangle measuring two inches and a quarter, which will sufficiently account for it not